

TRUMBULL COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

CRITERIA FOR GOOD CAUSE

AMENDMENT

April 1, 2011

Federal TANF law (45 CFR 264.1) sets the provision for a sixty (60) month time limit for receipt of TANF cash assistance for an assistance group that includes an adult who has participated in the program for sixty (60) months.

In Ohio, an assistance group is ineligible to participate in Ohio Works First (OWF) if the assistance group includes an adult who has participated in the program for thirty-six (36) months, regardless of whether the thirty-six (36) months are consecutive. Each month of receipt of assistance under the state time limit, state hardship and state "Good Cause" counts toward the federal sixty (60) month time limit. An assistance group cannot receive OWF assistance for more than sixty (60) months unless the assistance group is determined eligible for federal hardship beyond the sixty (60) month limit.

Ohio Revised Code rule 5107.18 (A) provides that an assistance group is ineligible to participate in Ohio Works First if the assistance group includes an individual who has participated in the program for thirty-six (36) months as any of the following: an adult head of household, minor head of household, or spouse of an adult head of household, minor head of household. The time limit applies regardless of whether the thirty-six (36) months are consecutive.

Ohio Revised Code rule 5107.18 (B) stipulates that an assistance group that has ceased to participate in OWF, due to the above (A), for at least a twenty-four (24) month waiting period, whether consecutive or not, may reapply to participate in OWF if the family is determined to have "good cause". There is also a durational limit of twenty-four (24) months for the "good cause" extension. As part of the process of establishing eligibility for an extension of benefits due to meeting any one of the "good cause" criteria, it is understood that the assistance group has met both the "waiting period" stipulated in the law and has not exceeded the federal sixty (60) month time limit. "Good Cause" extensions differ from either state or federal hardship extensions and therefore require that the CDJFS develop county-specific "good cause" reason codes.

In accordance with both Ohio Revised Code rule 5107.18 (B) and Ohio Administrative Code 5101:1-23-01, the Trumbull County Department of Job and Family Services has developed the following "Good Cause" criteria.

An assistance group may request a "good cause" extension if they have ceased to participate in OWF due to the thirty-six (36) month time limit for at least twenty-four (24) months if they:

1. Lost employment due to the place of employment closing or its termination of business operations.

2. Been placed on permanent lay-off status by their employer or has lost employment due to the abolishment of their position.
3. ~~Lost earned income from employment~~ Loss of income or reduction due to domestic violence, the legal separation, divorce, or death within the assistance group.
4. Experienced a loss of earned income from employment due to a catastrophic illness in the assistance group. A “basic medical” must be provided to show that the disability will last at least six (6) months. The county defines a catastrophic illness as a disability in which the individual is unable to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment(s) which can be expected to result in death or which has lasted, or can be expected to last, for a continuous period of not less than six (6) months.
5. An assistance group that loses income from employment because of a diagnosed drug or alcohol dependency. Medical verification of the diagnosis and treatment plan must be provided.
6. Cases transferred-in from other counties, that have been determined to have “Good Cause” based upon that counties criteria, will continue to receive the exemption for the entire twenty-four (24) month durational period for “good cause” as long as all OWF criteria are met.

The mere existence of one of the above factors does not establish “Good Cause”. The CDJFS will examine the totality of the assistance group’s circumstances to determine whether “good cause” exists.

An assistance group that is determined to have “good cause” for participating in OWF beyond the thirty-six (36) month limit must provide verification of whether any members of the assistance group had employment during the period the assistance group was not participating in OWF and the amount and source of the assistance group’s income during that period.

Revised Eff. 6/1/10--kld
Revised Eff. 4/1/11--kld

TRUMBULL COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
APPLICATION FOR
GOOD CAUSE EXTENSION

Name: _____

Date: _____

Case Number: _____

I believe that I may qualify for consideration of an extension of Ohio Works First (OWF) benefits based upon "Good Cause".

I understand that to receive an extension of OWF benefits based upon "good cause", I have to meet both the twenty-four (24) month waiting period and not have exceeded the federal sixty (60) month time limit.

Additionally, I also understand that the "good cause" extension cannot exceed twenty-four (24) months and that I must meet all eligibility criteria for the Ohio Works First (OWF) program.

I understand that OWF benefits will not be provided until a determination of "good cause" is made.

Additionally, I understand that I will be provided with an approval or denial of my request. If I disagree with the decision, I may exercise my right to a state hearing.

PLEASE CHECK ALL THAT APPLY:

1. Lost employment due to the place of employment closing or its termination of business operations.
2. Been placed on permanent lay-off status by their employer or has lost employment due to the abolishment of their position.
3. ~~Lost earned income from employment~~ Loss or reduction of income due to domestic violence, the legal separation, divorce, or death within the assistance group.
4. Experienced a loss of earned income from employment due to a catastrophic illness in the assistance group. A "basic medical" must be provided to show that the disability will last at least six (6) months. The county defines a catastrophic illness as a disability in which the individual is unable to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment(s) which can be expected to result in death or which has lasted, or can be expected to last, for a continuous period of not less than six (6) months.
5. An assistance group that loses income from employment because of a diagnosed drug or alcohol dependency. Medical verification of the diagnosis and treatment plan must be provided.
6. Cases transferred-in from other counties, that have been determined to have "Good Cause" based upon that counties criteria, will continue to receive the exemption for the entire twenty-four (24) month durational period for "good cause" as long as all OWF criteria are met.

I understand that by submitting this application for consideration for a "good cause" extension I am agreeing to the review of my circumstances by a committee consisting of agency staff as well as members of the Community Planning Committee or their designee(s). By my signature below, I am agreeing to the exchange of, and disclosure of, information about my OWF case with the review committee for the purpose of determining eligibility for the "good cause" extension.

I may choose to not authorize the release of information to the full review committee and limit the determination of "good cause" to agency staff only.

Customer Signature: _____

Date: _____

Eff: 4/1/11 --kld